

Forests .(MoEF), as Chairman; and Inspector General of Forests (FC), MoEF; a representative of CAG, and a nominee of the Chairman of Central Empowered Committee, as Memebrs, with the following mandate-

(i) Ensure that all the monies recoverd on behalf of the 'CAMPA' and which are presently lying with the various officials of hte State Government are transferred to the bank account(s) to be operated by this body;

(ii) get audited all the monies received from the user agencies on behalf of the 'CAMPA*' and the income earned thereon by the various State Government officials. The auditors may be appointed by the CAG. The audit may also examine whether proper financial procedure has been following in investing the funds.

The Hon'ble Court has also directed the Chief Secretaries of State Governments/Administrators of Union Territories to cooperate with the *Ad-hoc* Body of CAMPA as well as with the CAG.

(e) So far, an amount of Rs. 2,414.09 crore has been received by *Ad-hoc* CAM PA from the States/Union Territories towards Compensatory Afforestation, Additional Compensatory Afforestation, Net Present Value (NPV), Conservation and Protection of National Parks/Sanctuaries, etc. pursuant to the order dated 29.10.2002 of the Hon'ble Supreme Court of India.

Facilities to control epidemics

*155. SHRI PR. RAJAN:
SHRIVIJAYKUMAR RUPANI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether there is any facility including separate cell to control epidemic diseases;

(b) if so, the details of such facilities and the steps taken to strengthen such facilities as on today, State-wise;

(c) the number of people affected and died due to dengue fever, chicungunya and other epidemic diseases for the last three years, category-wise, State-wise and year-wise; and

(d) the steps taken, if any, to strengthen the early detection and cure of above diseases as on today, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (b) The National Institute of Communicable Diseases, Government of India and its branches, National Institute of Virology, Pune and other ICMR Institutions are the apex institutions which provide technical support for investigation and control of epidemics/outbreaks to the States.

The list of major institutes which support States to investigate and control epidemics/outbreaks is given in Statement-I (See below).

The States have Epidemic Cells and Rapid Response Teams. The States have also been advised to establish Rapid Response Teams in every district for detectign epidemic/outbreak and initiating prevention/ containment measures accordingly.

(c) The number of cases and deaths reported due to major epidemic prone disease namely Dengue, Chikungunya and Malaria for the last three years are given in Statements. [Refer to the Statement I to III appended to the answer to Starred Question 146(a)]

The number of cases and deaths due to suspected Japanese Encephalitis and leptospirosis are given in Statement II and III respectively. (See below).

(d) The Integrated Disease Surveillance Project (IDSP) was launched by Government of India in November, 2004, to establish a decentralized district-based system of surveillance to detect and respond to epidemics. The Project is being implemented in a phased manner and likely to cover the entire country by March, 2007. The major components include strengthening of district/State Public Health Laboratories, establish and utilize nation-wide IT network to collect, compile and analyze weekly data on cases of identified disease to detect epidemics in early rising phase and human resource development including training of district/State Rapid Response Teams (RRT) to ivnestigate and control epidemics. Steps have been initiated to establish a terrestrial IT network connecting all districts & States to collect and analyze the weekly data to detect epidemics in early phase.

Under National Vector Borne Control Programme, following three pronged strategies are implemented for control of Vector Borne Diseases:

1. Disease Management including early case detection and complete treatment, strengthening of referral services, epidemic preparedness and rapid response
2. Integrated Vector Management (For Transmission Risk Reduction) including Indoor Residual Spraying in selected high risk areas, use of Insecticide treated bed nets, use of Larvivorous fish, anti larval measures in urban areas including bio-larvicides and minor environmental engineering.
3. Supporting Interventions including Behaviour Change Communication, Public Private Partnership & Inter-sectoral convergence, Human Resource Development through capacity building, Operational research including studies on drug resistance and insecticide susceptibility, Monitoring and evaluation through periodic reviews/field visits and web based Management Information System.

Statement-I

List of major institutes which support States to investigate and control epidemics/outbreaks

- 1 National Institute of Communicable Diseases, Delhi (8 branches at Alwar, Varansi, Patna, Rajahmundry, Bangalore, Coonoor, Kozhikode, Jagdalpur)
2. All India Institute of Hygiene and Public Health, Kolkata
3. National Institute of Virology, Pune
4. National Institute of Cholera and Enteric Diseases, Kolkata
5. Vector Control & Research Centre, Pondicherry
6. Centre for research in Medical Entomology, Madurai
7. National Institute of Malaria Research, Delhi (with 10 **field** units at Goa, Sonapur, Chennai, Nadiad, Haldwani, Bangalore, Jabalpur, Rourkela, Car Nicobar and Delhi.
8. Rajendra Medical Research Institute, Patna.

Statement-II*State-wise cases and deaths due to suspected Japanese Encephalitis*

SI No	Affected States/UTs	2004		2005		2006 (up to October)	
		C	D	C	D	C	D
1	Andhra Pradesh	7**	3**	34	0	11	0
2	Assam	235	64	145	52	392	119
3	Bihar	85	28	192	64	21	3
4	Chandigarh	0	0	0	0	0	0
5	Delhi	17	0	6	0	1	0
6	Goa	0	0	4	0	0	0
7	Haryana	37	27	46	39	0	0
8	Karnataka	181	6	122	10	27	3
9	Kerala	9	1	1	0	3*	3
10	Maharashtra	22	0	51***	0***	1	0
11	Manipur	0	0	1	0	0	0
12	Punjab	0	0	1	0	0	0
13	Tamil Nadu	88	9	51	11	8	1
14	Uttar Pradesh	1030	228	6061 ^A	1500	#1608	315
15	West Bengal	3	1	12	6	0	0
GRAND TOTAL		1714	367	6727	1682	2069	444

C=Cases

D=Deaths

P=Provisional

*=viral encephalitis.

**=Lab Confirmed JE cases & deaths

***=In addition 66 cases and 3Q deaths due to Chandipura encephalitis reported from Maharashtra State.

^A=Including 448 Cases and 109 Deaths from Bihar and 31 Cases 4 Death from Nepal and 1 case & Nil Death from Madhya Pradesh reported from BRD medical college, Gorakhpur.

#=including 102 cases and 19 deaths from Bihar and 4 cases 1 death from Nepal reported from BRD Medipal College Gorakhpur.

Statement-III*State-wise Leptospirosis cases and deaths (Upto Oct., 06)*

SI. No	State	2004		2005		2006	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1.	Gujarat	530	70	389	80	655	121
2.	Maharashtra	225	18	2361	167	763	50
3.	Kerala	1453	75	1656	92	1303	84
4.	Karnataka	149	6	224	19	91	4
5.	Andaman					76	26
6.	Tamil Nadu	3142	3	3817	Nil		

Connecting Buddhist centres by rail lines

*156. SHRIPRAVEEN RASHTRAPAL: Will the Minister of RAILWAYS be pleased to state:

- (a) whether his Ministry is aware that 2550th anniversary of Buddha's MAHAPARINIRVAN is being celebrated by Government;
- (b) whether there is any request for operation of special tourist trains to link Buddhist pilgrim centres during this year; and
- (c) if so, the actions being taken thereon?

THE MINISTER OF RAILWAYS (SHRI LALU PRASAD): (a) Yes, Sir.

- (b) No, Sir.
- (c) Does not arise.

Revival of SSIs in Gujarat

*157. SHRI VIJAYKUMAR RUPANI: Will the Minister of SMALL SCALE INDUSTRIES be pleased to state:

- (a) whether Government have proposed to give any financial package and incentives for revival of sick SSIs in Gujarat;
- (b) if so, the funds allocated for the purpose for the current year;